

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u>		Registrar's No. <u>2980</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City.</u>		<u>11346</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7343A Lindell Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>7343a Lindell Blvd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u>		b. (Middle) <u>W.</u>		c. (Last) <u>Brady</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1950</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 11, 1895</u>		9. AGE (In years last birthday) <u>55</u> If under 1 year: Months _____ Days _____ If under 24 hrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wyoming</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Martin J. Walsh</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Kilroy</u>		14. NAME OF HUSBAND OR WIFE <u>Walter L. Brady</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Walter L. Brady 7343a Lindell Blvd.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Right Lung</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>163-X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>163X</u>			
19a. DATE OF OPERATION <u>8-25-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Right Lung - Bronchoscopic Examination</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9-25</u> , 19 <u>50</u> , to <u>12-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-8</u> , 19 <u>50</u> , and that death occurred at <u>10:35P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. F. Donnelly</u>		23b. ADDRESS <u>634 N. Grand St. Louis Mo.</u>		23c. DATE SIGNED <u>12-9-50</u>			
24a. BURIAL-CREMA-TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12/11/50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Adams M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd</u>	

634-71. The amount
12-4 for

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____ *W H VanMatre*

Signed.....

Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

—If this body is not embalmed, fact should be so stated above.